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ABSTRACT

This report describes a qualitative research study of an Ounce of Prevention Fund (OPF) teenage parent home visiting program located in an Illinois county with a population of 125,000. The sample consisted of 28 present and former program participants, most of whom had never been married, ages 15 to 24. Sixty percent had one child; the remainder had from two to four children. Two standard open-ended interviews were used; the first for all participants and the second, an in-depth interview of nine women. The study analyzed and evaluated the relationship between the home visitor and the participants, as well as the various types of services provided, in relation to their effect on the individual's life goals and the program's goals. Research questions addressed: (1) participants' expectations about the services; (2) services actually received; (3) perceptions of the home visitor and their relationship with her; (4) participants' goals in education, employment, and family planning; (5) effect of interaction with the home visitor on these goals; and (6) level of support these young women found in their natural environment. Results indicated that after initial anxiety, most participants came to consider the home visitor a good and helpful friend who provided active listening, teaching, support, and advocacy and referral. (Additional data analyses are discussed, and recommendations are provided for home visitor selection and training, participant assessment and life goal planning, educational and vocational services, peer involvement, and program evaluation. References are included and instrumentation is appended.) (TE)

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ONE OF THE BEST FRIENDS I EVER HAD: AN
IN-DEPTH STUDY OF A TEEN PARENT HOME VISITING PROGRAM
FOR OUNCE OF PREVENTION FUND PARTICIPANTS

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Executive Summary

This report describes a qualitative research study of an Ounce of Prevention Fund (OPF) teen parent home visiting program located in an Illinois county with a population of 125,000. It was planned and conducted by an evaluation team consisting of the Parents Too Soon/OPF assistant director, staff from the home visiting program, an evaluation consultant and a clinical consultant.

The objective of the study was to analyze and evaluate the relationship between the home visitor and the participants, as well as the various types of services provided in relation to their impact on the individual's life goals and the program's goals. Research questions included: (1) What expectations did participants have about services? (2) What services did they actually receive? (3) How did they perceive the home visitor and their relationship with her? (4) What were the participants' goals in the areas of education, employment, and family planning? (5) How did their interaction with the home visitor affect these goals? (6) What was the level of support these young women found in their natural environment?

The sample consisted of 28 present and former program participants, the majority of whom were white and never had been married. The ages of the participants at the time of the interviews ranged from 15 to 24, although the majority were 18 or 19. Sixty percent had one child, the remainder had from two to four children. Two standardized open-ended interviews were used. All the women participated in the first interview that covered

all the research questions. Nine women also participated in a second interview that included more in-depth questions about pregnancy, events surrounding pregnancy, birth control, and relationships.

Results indicate that many women were initially anxious about having a home visitor come to their house. Regardless of their initial feelings, program participants ultimately felt very positive about the home visitor. Most considered her a very good friend who was available and willing to help. They described the home visitor as providing services that can be labeled active listening, teaching, support, and advocacy and referral.

Additional data analyses reveal that the program processes of active listening, teaching, support, and advocacy and referral had differing impacts on program outcomes in the areas of personal growth, parenting, postponing subsequent pregnancy, education, and jobs. In addition, participant characteristics brought to the home visiting relationship appeared to be related to the degree of impact the home visitor might have in regard to personal growth, postponement of subsequent pregnancy, and educational and vocational achievement. Two sets of linkages are proposed to explain these differential effects.

The evaluation team reviewed the analysis in terms of its accuracy and fairness and formulated recommendations for home visitor selection and training, participant assessment and life goal planning, educational and vocational services, peer involvement, and program evaluation.

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Introduction

Purpose of the Evaluation

The Ounce of Prevention Fund (OPF) of Illinois is an innovative public/private partnership designed to prevent family problems that can result in child abuse and neglect, infant mortality, delayed development in children, and repeated cycles of teenage pregnancy and parenthood. The Ounce is committed to evaluating the services it funds. This study is a result of OPF's alliance with community based programs and its emphasis on evaluation. The original idea for the study was that of the assistant director for Parents Too Soon(PTS)/OPF who worked closely with the staff of McLean County Health Department (MCHD) to define and refine the goals for the home visiting pilot project. MCHD was chosen for this pilot project because this agency was considered to have one of the more successful home visiting programs in Illinois. Funding for the evaluation was provided by OPF.

The qualitative study reported here is part of the larger research effort called the home visiting pilot. A team was assembled to develop the research questions and conduct all phases of the research. This team consisted of the PTS/OPF assistant director, the MCHD home visitor, director of nursing, and the prenatal care coordinator, an evaluation consultant, and a clinical consultant. The consultants were interviewed and hired by MCHD after final review and approval by the OPF.

The home visiting pilot includes a literature review of

home visiting services (Godley, 1988). The literature review and this study are part of a fact-finding and hypothesis-building stage. This work lays a foundation for a second stage of identification and recommendation of innovative strategies. After reviewing this study's preliminary analysis, the evaluation team also thought the results might provide implications for the selection and training of home visitors at other sites.

This study is based on interviews with home visiting program participants. The objective was to analyze and evaluate the relationship between the home visitor and the participants, as well as the various types of services provided in relation to their impact on the individual's life goals and the program's goals. Research questions included: (1) What expectations did the participants have about services? (2) What services did they actually receive? (3) How did they perceive the home visitor and their relationship with her? (4) What were the participants' goals in the areas of education, employment, and family planning? (5) How did their interaction with the home visitor affect these goals? (6) What was the level of support these young women found in their natural environment?

We hoped to generate some hypotheses about subsequent pregnancy by asking part of the sample more in-depth questions about sex, pregnancy, and parenting. Since the purpose of this study was to understand and generate hypotheses about the home visiting relationship, qualitative methods (Patton, 1980) were employed in the study.

Method

Sample

The sample consisted of 28 present and former participants in the MCHD teen parent home visiting program. Participants for interviews were selected from pregnant and parenting young women receiving MCHD teen parent home visiting services during the past four and a half years. Due to limitations of staff time and MCHD staff concerns about the sensitive nature of the interviews, it was agreed that the MCHD home visitor would contact only those participants she had previously visited. Other reasons for a participant being excluded from the potential sample pool were enrollment in services only during the program's first year when services were substantially different, movement out of the area or unknown address, minimal service, previous refusal of services, or current nonpregnant or nonparenting status due to miscarriage, abortion, death of a child, or a child's removal by DCFS. A total of 35 young women were asked to participate in the study. Two women refused to participate, while the remaining 33 agreed to be interviewed. Due to scheduling problems and time constraints, five of these women were not interviewed. In-depth subsequent pregnancy interviews were scheduled with nine of the original 28 participants. Five of these women had not had subsequent pregnancies, while four had.

Procedure

An attempt was made to schedule all the interviews in a neutral location. Due to transportation and/or child care

problems, three of the women were interviewed in their homes. The participants were paid \$15 for their time and to help defray child care expenses. The interviewers were two white women employed by a local substance abuse treatment facility. Both have master's degrees or higher and years of experience working with adolescents and in interviewing.

The type of interview used was a standardized open-ended interview (Patton, 1980). Each participant was asked the same question in essentially the same words. Follow-up probes were used if needed to get a more direct or detailed answer to a question. The first interview covered all the research questions. The second interview included more in-depth questions about pregnancy, events surrounding pregnancy, birth control, and relationships. (See Appendix for copies of the interview format.) The tape recorded interviews were transcribed for analysis.

The following procedure was used for data analysis. Initially all transcripts were read thoroughly for familiarization with the general content and themes in the data. All the answers for each question were reviewed again and groupings generated from the answers. Response frequencies for each question are listed in tables or described in the narrative. Where possible, tables were constructed like tables in another recent study by OPF (Jones & Ruch-Ross, 1987) to aid comparison between the two studies.

The results from the first analysis were presented to the evaluation team and discussed. Then all the transcripts were

read a second time for categories of interest present in the data that were not adequately covered with the first analysis. Additional analyses were conducted with subgroups of the sample. Finally, after examining the data, hypotheses were generated about the linkages between program processes and program outcomes and the linkages between participant characteristics and program outcomes. These hypotheses were reviewed with the home visitor for her assessment of their accuracy, fairness, and usefulness (Patton, 1980). Since the unit of analysis for qualitative analysis is words, quotations from the participants are used to illustrate trends.

Limitations of the Study

Jones and Ruch-Ross (1987) list as potential limitations of this type of study sample selection, investigator bias, and selectivity on the part of the coder. This study differs from theirs in that the sample was drawn from participants in all stages of service. Still, the average length of contact with the program for these participants at the time of their interview was approximately 15 months, which is greater than the average stay for OPF/PTS participants of eight months.

The method used to choose the sample could have introduced bias since all the participants had received services from the home visitor who initially contacted them for involvement in the study. The reasons for excluding participants from the sample are clearly stated above. An honest effort was made to include all other women. However, women who discontinue services or

refuse participation in a study may be different from women who stay in service and agree to participate in a study. The sample did seem to represent the broad range of women served by this program in terms of their age, marital status, employment and educational status. A large majority are white, but that is true of this program's participants. Special efforts were made to obtain interviews with women who had subsequent pregnancies so they would be adequately represented in the sample.

Although there are references to other home visitors, the interviews are based on the participants' experiences with primarily one home visitor. For that reason, we can not say that these findings represent all home visitor/participant relationships, any more than we can say that these participants and their experiences are representative of all OPF participants. However, the study has served the purpose of an in-depth examination of the relationship of one home visitor and the teen mothers she served.

The study used standard open-ended interviews to limit investigator bias. Selectivity on the part of the coder is a potential problem since coding was done by one individual. However, data analysis results were reviewed with one of the interviewers and other members of the research team for their assessment of the accuracy, validity, and "usefulness" of the results.

Description and Analysis

This portion of the paper will present a brief description of the home visiting program studied, describe the sample, and report the findings from the 87 questions included in the two interviews. It is divided into sections according to subject matter. For each subject, the participants' answers to the relevant questions are described and followed by sections devoted to the analysis and interpretation of the data.

Description of the Program

In August of 1987, MCHD and its Teen Parent Program became an independent contractor with the Ounce of Prevention. Prior to that time, since 1984, MCHD provided home visiting services as a subcontractor to Planned Parenthood of Midcentral Illinois. Presently, the program is composed of 1.30 full time equivalent staff members. The OPF funds one full time home visitor. This home visitor is female, white, and has a bachelor's degree in psychology. Occasionally, a pregnant or parenting teen will see a nurse home visitor from MCHD, especially if she or her children have medical problems.

The home visitor's services vary depending on whether the teen is pregnant or parenting. Prenatal visits focus on the teen's health and preparation for labor, delivery, and infant care. Parenting visits also focus on health issues but include instruction on parenting skills. The home visitor discusses birth control during each visit as appropriate. Throughout pregnancy and after the birth of the child, the home visitor

explores the need for other services and makes appropriate referrals. Many of the participants receive other services from MCHD including WIC, immunizations, and dental care for their children. The home visitor reports that she attempts to provide emotional support and encouragement towards life goals in her contact with participants. She feels that teen mothers have been negatively affected by recent financial cuts that have resulted in fewer subsidized day care slots and college grants. Besides child care, other community needs include more affordable housing and better transportation since the bus system only operates between 7:00 A.M. and 6:00 P.M. She feels the local United Private Industry Council (UPIC) is a strength in the community.

The home visitor will see between 30 to 40 participants on a regular basis and serve approximately 55 unduplicated participants during a fiscal year.

Demographic Characteristics of the Sample

Twenty-four of the participants interviewed were white, three were black, and one was American Indian. Most (21) were single and had never been married. Ages at the time of the interview ranged from 15 to 24 although most were 18 or 19. Half lived with their husband or boyfriend. Six more lived with their husband or boyfriend and his parent(s). Two were pregnant at the time of the interview, 60% had one child, and the remainder had two to four children. Approximately 90% had annual incomes below \$15,000. A relatively high number (16) reported

that they received support from their children's father. Almost half received AFDC and/or Medicaid. Eighteen participants were still receiving services from MCHD, while 10 were not. Most (18) had received at least 12 months of service. Tables 1 and 2 summarize participant characteristics at the time of the interview.

Program Entry and Services Received

Seventy-five percent (21) of the participants reported that they were referred to the home visiting program by other MCHD programs. These included WIC and the Prenatal Care Program. Outside referral sources mentioned were DCFS, hospitals, and a school nurse. Many of the participants said family and friends told them about the Health Department or actually made calls to set up appointments for them. Other participants said they went to the Health Department on their own initiative or that the home visitor initiated services with them. Half of the participants reported other Health Department personnel besides their Teen Parent home visitor came to their homes.

Many women felt anxious about the kind of person who would be visiting them. When asked what kind of person she expected, one participant said:

I was a little shaky myself...I mean, I knew they was good people because you know, they wouldn't have someone bad come in...But I really didn't know what kind of person it was gonna be. You know, someone

snotty or someone nice.

The participants' expectations regarding the home visitor seemed to fall into five categories. Six women said they did not know what to expect and these responses can be labeled neutral. Five participants expected the home visitor to be businesslike. They expected someone who was tall, looked like an executive, or someone with files and a tight collar. Six used the word "nosy" when describing a visitor they expected to "just want to see how I was living." Two expected the visitor to be a nurse. And five said they expected the visitor to be "a nice person" or "friendly."

Four women with positive expectations alluded to good experiences with other human service agencies or said they had known or heard about the visitor prior to her visit. Six with negative expectations reported they were pleasantly surprised once they began working with the home visitor:

She just, she came in, she's all down to earth, you know. You know, she's real easy goin'. She's easy to talk to, you know. It blew my mind.

Answering the question about what they thought the home visitor would do at their house, 24 interviewees thought the home visitor would ask questions, monitor their health during pregnancy and their babies' health, and talk to them about nutrition. Three said they expected she would help them. Correlated with the expectation of a "nosy" home visitor, two said they thought she would "look at the house and see if it was

fit."

When asked what actually occurred during the home visits participants described visitor activities which could be labeled as teaching, active listening, support, and serving as a resource person. Teaching activities included educating the women about pregnancy, baby care, and child development. Participants felt the home visitor was always available to answer questions they had about a variety of subjects. Participants also reported the home visitor provided information about birth control and discussed the spacing of children with them.

The teaching function is probably the one closest to the participants' expectations of the home visitor prior to service. The active listening and support activities surprised some, but were clearly important to many. She "helped me understand that depression was common with having children." She was "there when I needed somebody to talk to." "She sat and she listened to me and listened to me." "She was like a counselor to me." Beyond active listening, participants frequently reported the home visitor helped them feel better about themselves. This help often occurred when other people around them were offering little support. As one participant said, she "made me feel like a good mother and nobody else was letting me know I was doing it right." Five women reported she helped them feel more comfortable or self confident.

Participants listed several resources the home visitor referred them to for health, financial, educational, or

vocational services. The home visitor also gave them things like educational pamphlets, bus tokens, clothes for the children, maternity clothes, and medicine. In addition, some were given rides to or accompanied by the home visitor to Planned Parenthood or other agencies.

Half of the participants said that the home visitor being there to talk to was one of the two most helpful aspects of her services. The next most frequent answer was help with caring for the baby (6), followed by information about birth control (5), help with self confidence and understanding (5), and information about pregnancy (4). Conversely, seventy-one percent of the participants were not able to identify anything the home visitor did that was not helpful to them. As one said, "There wasn't really nothin', you know, they helped me out with everything." Three of the women felt that being weighed was the least helpful, one saying that it was embarrassing. One complained about a home visitor who "nitpicks a lot." See Table 3 for a complete list of the answers regarding the most and least helpful aspects of the home visitor services.

Most (22) of the participants felt they were involved sufficiently in determining activities during the visits. Three said they would have liked to have been more involved "sometimes" by talking more about their child, how to take the child's temperature, discipline, and child development.

Participants were asked if the home visitor could have done more to help them and what else besides the visitor's services

would have helped them during pregnancy or as a parent. Two said they wished home visitor services had been available in small towns they lived in prior to their move to this county, and one wanted the home visitor to spend more time with her. Besides home visitor services, participants said they would have been helped by a better relationship with their parents, a breastfeeding class, more information, and a program for teen mothers to get together and "just talk." One woman felt a special GED program would help those who had dropped out of school.

Perception of Home Visitor and Relationship

A primary purpose of this study was to examine the relationship between the home visitor and participants. The participants were asked numerous questions about their home visitor and also asked to describe their "ideal" home visitor. They were asked to consider the "ideal" visitor's age, appearance, whether or not she would be a parent, how she would talk to them, if she would be from their neighborhood, and whether she would be a peer or a professional with a college degree.

None of the participants felt it was important that a home visitor come from their neighborhood. Eight thought the person should be like them (a peer). Six would choose someone who was a professional and/or had a college degree. Those that elaborated suggested that a college degree would mean the home visitor would

"know more." Twelve said a college degree did not matter if the visitor was easy to talk to and knew what she was talking about. One suggested the importance of a college degree depended on "if they've had a child of their own." This remark suggested that if someone was a parent she would be knowledgeable enough to be a home visitor, again indicating that one critical characteristic of the home visitor was knowledge about parenting and child care.

Twelve participants when asked about the age of their ideal home visitor said it did not matter. Three suggested that she be older than the participant, four thought she should be in her early twenties, and five suggested the range be from the twenties to the thirties. Those who suggested older ages (thirties) said that these visitors would "know more about life" and have "more experience." Those that suggested younger home visitors said it would be easier to talk to younger ones and they would be more understanding.

Although four participants said it was important for the home visitor to be clean and nice, nine said the appearance of the home visitor was not important. At least one participant felt that a male home visitor would be acceptable. One suggested male home visitors for fathers. Two discussed the importance of a happy, cheerful appearance. Three talked about the need for a casual appearance. One said, "I think if they dressed in a dressy suit it might scare me."

Participants were equally split (11 each) as to whether or not it was important for the home visitor to be a parent. Those

that said that it was important were usually tentative. They said, "Yeah, I think if they be a parent, maybe they can understand me better" and "in a way, yes." One talked about how it mattered at first but not later in her relationship with the home visitor. Two were neutral, and one woman gave pros and cons for the home visitor being a parent. Most who said it was not important offered no further explanation, but one said:

If she doesn't know the answer [she] can go find it usually. She'll ask other nurses about it, you know, that have kids. I think it helps if she doesn't because then she has more patience and she doesn't have to go home and deal with her own.

Of all the attributes discussed thus far, the participants were able to best describe how they wanted the home visitor to talk to them. Many described what they did not want. They did not want someone to "scream at me," "act real hateful toward what you say," "be snappy," or "demand things you should do." They wanted someone who would be nice, give them accurate information, show concern for them, be friendly, polite, and honest with them. It was also important that the visitor let them talk and really listen to them. One participant said it was important visitors "don't judge you or anything. But if they think you're doing something really stupid they'll tell you."

All 28 of the participants interviewed said that they thought their home visitor got to know them. Several were emphatic; "she knew me better than anybody," "like a book," or

"[she] knows me up and down." Seven said their relationship was like a friendship and they talked about everything. Three indicated that not only did she know them, but she knew good things about them. "She thinks I'm nice and that I do try," said one.

Only five participants said they had not changed as a person since their home visitor began to visit them. For the most part, those that had changed talked about idiosyncratic changes. One participant felt she learned how to deal with her mother better. Another woman said things did not bother her as much, and a third said the home visitor was probably responsible for her not choosing abortion. Still another said she "changed my outlook on men. For awhile I thought all men were dogs." Two spoke of feeling more independent, and two more spoke of new hope in their lives. One very eloquent young woman said:

I feel whole now...I felt like I was just so empty, you know...I feel like I'm satisfied now, you know. I feel like I've regained myself. I found myself again...I came out of the shadow. I came out of my little shell.

Five participants did not feel they had changed as a parent; however, one of these women said the home visitor did teach her more about babies. Five interviewees said they learned how to take better care of their children. Other participants offered that they were happier to be mothers, that they were calmer, better mothers, and that the home visitor's advice had made it

easier to mother. Two participants said they had developed more patience. Four said their confidence as a mother had increased.

Sixty-seven percent (19) described the home visitor's role as a friend. Five said that she was a combination of teacher and friend. Two said she was a mother and a friend. One said teacher and one said she played all three roles of mother, teacher, and friend. Regardless of the role they ascribed to her, all were positive. Those that said mother/friend combination explained that:

...a mother is everything...She's somebody who's always gonna be there, you know, no matter how hard you try to get rid of 'em, you know. They're always gonna be there.

My mom wasn't around...and she was there when I needed someone to talk to.

The young woman who described the home visitor's role as "teacher only" is one of the youngest interviewed, in service one of the least amounts of time, and still pregnant. It may be that the home visitor's role varies with the length of the helping relationship and the participant's position on a pregnant/mothering continuum.

The participants were at no loss for words, all positive, when asked to describe the home visitor. Many used several descriptors. See Table 4 for a list of these descriptors. They depicted a person with qualities most people would want in a

friend--a person who was warm, caring, understanding, helpful, and easy to talk to. She also was described as someone who had a good sense of humor and who was honest with them while respecting their rights and privacy. In addition, she was described as someone who was knowledgeable and would not misinform them. Beyond offering friendship, she was someone devoted to her work and determined to be helpful.

Fifty-seven percent (16) of the participants said what they liked most about the visits was the chance to talk. Many participants felt lonely and isolated and the opportunity to "let their hair down" and talk with someone who really cared about them and would respect confidentiality was very important to them:

The visits seemed like a relative who lives out of state comin' home for the weekend. I mean, we'd just...sit there and talk, you know, just about everything. Well, the sky's lookin' bluer today than it did yesterday, you know. I mean, we talked about some stupid stuff sometimes, but still we got a laugh out of it...She's like my, my knight, you know? I was so scared and [she] was there to hold my hand and to guide me through, you know. I don't think I could've got through it without [her].

Eighteen percent (5) said information she gave them was what they liked most about the home visits, and 11% (3) liked having their baby weighed. Seven percent said what they liked

best was that the visits gave them something to which they could look forward.

Most frequently mentioned for what the participants liked best about the home visitor was that she would "help with anything." This was followed by descriptions of her dependability and availability. The feeling that she was always there when needed was a common theme. Five said they liked the home visitor's personality best, and three said they liked her friendliness best. Two women liked her way of communicating best and two more cited her honesty. Different characteristics were mentioned by individual participants. One that was perhaps most interesting was: "Seeing her and talking to her. She tells me her problems and I tell her mine." This quote suggests some reciprocity in the relationship, a dimension that most of us consider necessary in a friendship but not in a professional relationship.

Sixty-eight percent of the participants said there was nothing they didn't like about the home visits. All but one said there was nothing they did not like about the home visitor. Those who did identify reasons for not liking the visit said they did not like to be weighed, had company when the home visitor came, or were tired and busy when she came. Others said that the visits were too short or that the visitor did not come often enough.

The final question in this part of the interview asked what the participant would do differently if she were the home

visitor. The only response given more than once was that they would not do anything different (61%). Suggestions made by the participants can be found in Table 5.

The Home Visitor as Helper

Participants often described the home visitor as a friend. In doing so, they seemed to be saying they were comfortable with her and trusted her. She was enjoyable to be with and cared about them. Although they described her as a friend, she seemed somehow different from friends of their age when they said things like, "[she] was the most informative one" and "I can't tell 'em [friends] what I can tell [my home visitor], you know." They also tested her in ways they may not have tested friends of their age as when one described the visitor as someone who was "always gonna be there no matter how hard you try to get rid of 'em."

The home visitor's role with the participants may also be labeled "helper" as described by Carkhuff (1973). In his book, The Art of Helping (Carkhuff, 1973), he describes dimensions critical to the effectiveness of the helping relationship. These include empathic understanding, positive regard, genuineness, and concreteness. Empathic understanding is an attempt by the helper to merge in the experience of the helpee and to communicate this understanding to the participant. The participants said repeatedly that "she understands." Positive regard is the respect the helper shows toward the helpee. It is marked by a deep respect for the person as an individual and for her rights. The participants often said the home visitor "liked them" and

"thought they were doing a good job." They also trusted her with confidences. Genuineness is exhibited by honesty in the helper's relationships with participants. Concreteness refers to helper responses that accurately reflect a participant's feelings and attend specifically to her problems.

In describing the home visitor as a helper, availability and dependability can be added to the critical dimensions described above. It was important to the participants that the home visitor was "always there" when they needed her. They felt that she was just a phone call away and would often go out of her way to help them. One participant said, "I felt really lost and really all alone, you know. And [the home visitor], you know, she was always there." Another young woman said, "Just emotionally you know she always was there to talk to. It's hard anyway being single and pregnant. You need somebody there."

Influence of the Home Visitor on Personal Growth

Teenagers who become pregnant, whether planned or not, face the reality that they will have to parent a child. Many fear they will have difficulty changing their normal adolescent behavior and assuming this new responsibility. This feeling is often reinforced by family members. In addition, they may feel abandoned, if the father of the child has ended his relationship with them, or hopeless. This quote was typical of a third of the participants, "Before they came I was feeling like there was no hope left, and I was about ready to give it up." Program participants said the home visitor had helped them develop or

regain self-confidence, "grow-up," and/or assume responsibility.

Helping the participant build her confidence in regard to parenting was a process that apparently began during pregnancy. One participant pregnant with her first child said that the home visitor already could tell that "I'm not gonna be an abusive parent or mean or anything." Another participant said:

[The home visitor] gave me a lot of self-confidence. She really made me feel that I can do it, you know. I mean, at first I was just like I ain't gonna be able to handle this. I ain't gonna be able to get up at no 3:00 in the morning, believe me. You know, 'cause if I do, I said, I'm gonna be in a pretty lousy mood. But [she] made me understand...I shouldn't be thinking about me...I got my child that's a part of me right there in my arms..and [my child] can't sit there and say, "Give me the phone book I wanna dial for pizza."

The growth the women experienced seemed to provide them with a sense of empowerment:

Yeah, I feel more responsible. She helped me grow-up a lot. When she first met me I just didn't know what to do. [Now I know] that I can do it by myself if I want.

Women who did not talk about experiencing personal growth tended to view the home visitor primarily as an information or referral source. They also seemed to have been less confused or devastated by their initial pregnancy and more independent and self-confident upon beginning services with the home visitor.

One woman who did not feel she had experienced personal growth had been in services for only four months and may not have received services long enough to experience this program effect.

Life Goals

Education

In this section of the interview participants were asked about their plans for education and work, and home visitor assistance in these areas. All but four of the participants were either in school or said they would like more education or to obtain a GED. The amount of education by the present enrollment status of the participants is shown in Table 6. Table 7 lists the school and employment status of the participants at the time of the interview. A few used qualifying statements like "probably," "might," or "possibly" suggesting their plans for more education were not definite. The majority of those wanting more schooling said they wanted to go to college (12). Seven said they wanted to obtain their GED, and three wanted to finish high school. Five mentioned different types of vocational training they would like to complete. Of those who were asked when they planned to pursue their educational goals, the majority (9) gave a time frame related to their children. That is, they said, "after this one is born" or when their child could walk or start school. Six more gave a time period, such as within one to two years or in the Spring of 1989. Only two had no idea when they would pursue their goal. Twenty-two participants said the home visitor provided encouragement for or information about

continuing their education:

She made me realize that it was important that I go back 'cause I do need it. 'Cause I was thinking about quitting. I didn't think it was that important that I go back, but she made me realize that I do need it.

She gave me a lot of confidence and morale to get me goin'. And that's all it took. I was on my way. She told me about the GED lady. I didn't even go through the process. I just, she met me at the library. And we did like a few pretests of different subjects and like the next week or something I went and took the test.

Three participants said the home visitor had not provided help because they had already dropped out or finished school by the time she began working with them. One said the home visitor helped her accept the fact that she did drop out of school. This decision had been a difficult one for the young mother to make, but she felt it was best for her children at the time.

Only two of the interviewees had ideas about how the home visitor could have helped them more. One woman felt it would have been helpful if the home visitor knew somebody who could tutor her. Another said that the home visitor probably would have helped her with a babysitter if only she had asked for help. In terms of what else might have helped them with school besides what the home visitor did, participants cited babysitting, more

money, their child's being older, and their own need to "just do it." The women did provide a view of why it was sometimes difficult to stay in school. A woman who switched schools after her pregnancy said, "If I would've had friends at school, it would have helped a lot." Another said:

I should have just did it, you know. I was a little--it was just hard to go back because everyone knew I had a baby and it was embarrassing. I wasn't embarrassed of my baby...just everyone was really cruel, especially when you're pregnant in school.

The answers of two groups of women to the education questions were examined more closely. The two groups were composed of women with two or more children and the four women who said they did not have plans for more education in the next five years. Of the eight women with two or more children, all but one planned to undertake more education. However, none of the eight were enrolled in school. Two said that they had dropped out of a special program or college because they had become pregnant again and "couldn't do it all."

Of the four women who said they had no plans for more education in the next five years, all but one had graduated high school. Two, including one with two children, were either starting employment or looking for a job. One woman said she planned to go back to school and work when her child was older. The remaining woman said that she had quit school prior to her pregnancy and had always disliked school.

Employment

Sixty-one percent (17) of the participants were not employed at the time of the interview. Seven were working part time and four were working full time. Of those who were working, the women worked in traditionally female and low-paying jobs. These included food service, baby sitting, cleaning, a rehabilitation technician, and an attendant for a person with a disability. Seven reported their hourly wage and the range was from \$3.35 to \$4.50 an hour. Several of the young women liked their jobs, but some did not. One young woman said, "It's a dead end and the pay stinks." Of those who were not working, all but one had plans for working. Three were looking for jobs at the time of the interview; ten said they would work after finishing some educational goal or when their children were older.

When asked the type of work they would see themselves doing in five years, many of the women suggested jobs similar to the low-paying jobs they were already in, including food service, cleaning, child care, and office work. Five talked about aspirations for professional careers in business, nursing, teaching, counseling, or as a home visitor. One young woman who was working full time said she hoped she would be able to afford to stay home with her son in five years.

Fifty-four percent of the participants said they had discussed vocational options with the home visitor, and she had referred them to other programs that helped with employment. The rest of the interviewees said that the home visitor had not

helped them with their job plans. Reasons were given like "I never asked 'em" and "I just sort of up and wanted to do it." Very few of the participants had ideas about how the home visitor could help them with job plans. One said she could "help me find other options besides waitressing." One thought it would be a good idea to have a job program through MCHD in which mothers could work part time in a babysitting service or preschool program that would help their children with development. Another thought it would be helpful if the home visitor taught job interviewing skills.

The answers of women who had two or more children and women who had professional aspirations were examined closer. Of the eight women who had two or more children, only one had professional aspirations. She had two children and was pregnant with a third. Three of these women were not able to identify any job they might be doing five years from now. The only commonality evident among the women with professional career goals was that they all were either in school, high school graduates, or had obtained their GED. Two of the women were married and of these, one was pregnant and the other planned to become pregnant in 16 months. The single women either planned to have no more children, to wait 6 years or until married to have another child. All the single women were using oral contraceptives. Two of the women were black, the rest were white. Their ages ranged from 15 to 22.

Participant Attitudes Toward Education and Employment

The women's attitudes towards school and employment varied widely. Some women were very definite that they were going to go to school and work toward being able to get a good job:

I know where I'm goin'. I know that I'm gonna go back to school. I know that I'm gonna get a job, you know. I know that I wanta make somethin' out of myself and something for my son.

Other women were very unsure of their plans. When asked if she had plans for more schooling in the next five years, one woman who is a high school graduate and pregnant with her second child said "possibly when this one is born." When asked what type of work she would be doing in five years, she said, "I have no idea." Some were not interested in more school. One woman who quit high school in the twelfth grade said, "I just didn't want to go back to school. I always disliked school." She was employed at a very low-paying job. Some participants were much more definite about their desire to have more children than they were about educational or vocational goals.

Participants' attitudes towards school and work are probably shaped by many influences. One influence would be their family's educational level and support for education. Their developmental readiness to enter the world of work would be another. One woman's answer to circumstances surrounding her pregnancies suggest that she was not psychologically ready to succeed at this task:

It seemed like every time I went to go look for a job I always got pregnant. Every time I went to go try to pursue some kind of a career, something would happen and I'd end up pregnant. So I quit looking for a job. I said I'm not going to do that. I said this is cursin' me so I didn't look for no jobs no more.

As evidenced by their plans to enter low-paying, low-skilled occupations, many women did not feel their options were too exciting or meant a better life for them or their children. Their feelings about school prior to pregnancy also played a role in their willingness to pursue educational goals. Probably most striking in this study were the participants' descriptions of the barriers they perceived to educational and vocational achievement.

Barriers to Education and Employment

Participants described several barriers to the pursuit of educational and/or employment goals. These included their own health problems, chronic health problems of their children, absence of child care, lack of time due to multiple children, and a desire that their children be older before they leave them in child care. One woman said she had signed up to take the GED, but didn't have enough money to take it. Another woman described a psychological reason for not going to school:

I planned to get my Associates Degree and then came up pregnant. It seemed like I was more comfortable and in a better state of mind if I didn't do nothin' but just

stayed at home.

Child care was not only a need when the women were attending a class or a job, but also was important when they were trying to study. One woman who has children 15 months apart described her problems when trying to study:

And that's hard. Because like the math I can do real easy 'cause I can watch kids and do math at the same time, you know. You can stop in the middle of that, but like science and all that you have to think about. Every time I do it, I go back and I mess everything up because I'm so busy trying to chase after them at the same time and then by the time night comes I'm so tired you don't feel like studying. You just want to go to sleep 'cause they wear you out.

Women who participated in the second interviews were asked what was hard for them and what they worried about. Their answers provided additional information about the stressors these women face. They identified some difficulties as having to get up very early to get children and themselves ready for work, finding a job, problems with boyfriends, maintaining patience, spending enough time with their children, and not being able to do anything. There was some overlap between what was hard for them and what they worried about. The mothers most often reported worrying about their children's health and how they could pay for medical bills or get their child to the doctor if needed. One woman expressed fear about her child being kidnapped

and another about finding a babysitter she could trust. While most of the worries were about immediate problems, one woman had thought about the future:

I worry about when he gets older what kind of questions he's gonna ask about his dad and why we didn't get married and all that garbage...I worry about how he's gonna be when he gets bigger, when he's grown, what he's gonna be doin'. And by then if I'll have the money to send him to college as much as it costs now. I mean I never, I didn't get the opportunity to go and one of these days I will go but it's something I want for him.

Influence of Home Visitor on Life Goals

The home visitor's support and help resulted in many women pursuing educational and vocational goals they might not have pursued on their own. Her ability to affect their lives in this area was moderated by attitudes towards work and school the participants brought to the relationship and by the real or perceived barriers they experienced. The home visitor also had to deal with issues of timing. Each participant is an individual and as such her particular circumstances and her developmental and psychological readiness to pursue educational and vocational goals must be assessed. Young mothers were not urged to find a job right after the birth of their child:

But when I first started or when I first had [my child], I didn't want to get on it [public aid] because

I thought well, it was my responsibility about gettin' pregnant, so I thought it was my responsibility to take care of him and provide for him and stuff, but she ended up talking me out of getting a job and just helpin'; just go through Public Aid and do it that way for awhile until he got a little bit older and then get a job.

Sexuality, Birth Control and Fertility

Since an important goal of the Parents Too Soon/Ounce of Prevention Fund is to aid participants in delaying subsequent pregnancies all the young women interviewed were asked a number of questions regarding their use of birth control and plans for more children. As described in the procedures section, nine women participated in a second interview which included more in-depth questions about pregnancy, events surrounding pregnancy, birth control, and relationships. Answers to the First and Second Interviews will be presented separately to distinguish between the two interviews.

First Interview Results

Data for age of first sexual activity, number of children at entry, and repeat births are shown in Table 8. Age of first sexual activity ranged from 13 to 18 with a mean of 15.5 years. Twenty-two of the participants were pregnant with their first child at program entry, while five had one child, and one woman had two children. Since program entry five participants have had

one additional child, and one has had two children. Two of the women were pregnant with their first child and two were pregnant with a subsequent child at the time of the interview.

It is important to note when considering the incidence of subsequent pregnancy in this sample that these women represent all stages of service from those having recent intakes to those who are out of service.

Birth Control. All but three participants reported they were sexually active with males. The remainder were not sexually active at the time of the interview. Table 9 shows the frequency of birth control method used by number of children. The majority of the participants (17) used birth control pills. Three respondents who had 3 or 4 children had chosen sterilization. Twenty of the young women said that their boyfriend/husband was supportive of their use of birth control. Responses ranged from the enthusiastic, "he loves it" to the complacent, "I guess as long as I don't have any more kids, it's all right."

All the participants said that the home visitor had discussed birth control with them. These discussions provided information about different birth control methods or resulted in participants being more eager to use birth control or to use it sooner than planned. The participants also said the home visitor helped them decide what method to use, helped them with procedures to aid compliance, and helped them when they had problems with their birth control method. They seemed to appreciate her frank discussions with them about birth control.

Notable were the frequent references to problems with birth control. Four of the women attributed subsequent pregnancies to failure of their birth control method. One of these failures was after a husband's vasectomy. Ten more women spoke of problems they were either now having or had had with birth control pills. These problems included break-through bleeding, vomiting and seeing double, feeling sick, and a fast heartbeat. One woman reported she had been taking the pill wrong and was now waiting until she could begin a new pill cycle.

Family Planning. The women interviewed were evenly split (10 each) between deciding they wanted to have more children and being undecided about having more children. The remainder (8) said they had decided not to have more children. The critical factors appeared to be the number of children they presently had, their pregnancy experience, or the recentness of their birth episode. Four of these women were married and four were single. All but two had two or more children. The two women who had one child were both single, had five month old babies and described negative pregnancy and birth experiences. Of the 10 women who said they planned to have more children, most had one child. Only two were married; however, all but one of the remaining single women had what appeared to be significant relationships with boyfriends. Several said the decision to have more children was a mutual one made with their boyfriend:

Well, me and my boyfriend was talking. He's like my husband 'cause we've been together for three years.

And we talked the other night about another child and we both agreed on we wanted it later like, you know, when she's out of diapers and she's walking and we just want to watch one grow up, you know, and then have another one.

Of those that were undecided about more children, all but one were single. The married woman who already had two children said, "I wanted to get fixed, but my husband said I should wait until I'm in my later 20's just to make sure." Most of these women suggested they would like to have more children. Before doing so, it was important to them to be more stable, married, financially ready, and/or have a good job. In all, ten women said they planned to wait several years before having children while they accomplished relationship or career goals or until their present children were older. For example:

[I want my child] to be five or six. And then...I want to be married by the time I have another child either to [my child's] dad or the guy I'm going out with now. And you know, I just kind of want it to be stable.

Second Interview Results

Each of the women participating in the second interview in the no subsequent pregnancy (NSP) group had one child. Of the four women who had subsequent pregnancies one had four children, two had three children, and one had two children. None of the women from either group reported being pregnant any other time.

One of the women from the NSP group said that her pregnancy had been planned. Two of the first children and two of the second pregnancies were planned in the SP group.

Sex Education. The women participating in the second interview were asked what messages they received about sex when growing up. Their answers seemed to represent opposite ends of the continuum. Three said that sex was not discussed in their home. Others told about parents being very open about sex. One said that her mom "was a little too open about it...My mom always had a new boyfriend every couple of weeks." One woman's grandmother got her on birth control pills at age 13. Probably the most moderate response was that one woman had been told by her mother basic facts and to "just say no" without any discussion. Only one of the women described her first sexual experience in pleasant terms. The rest used adjectives like "scary," "sore," and said they did not like it.

Family Situation and Circumstances Surrounding Pregnancy. All but one of the nine women participating in the second interviews (SI) came from families in which the real father was absent or appeared to be dysfunctional. Two women never knew their real fathers, two of the women's fathers had died when they were babies, and one identified her father as alcoholic. Speaking about her father, one said: "He wasn't really around that much. And when he was you didn't know it." One woman's mother had died when she was young, another had been raised primarily by her grandmother, and another identified her mother

as alcoholic. There was some evidence of a troubled relationship with "Mom" for all but two of the (SI) interviewees. The two participants without the troubled relationship with their mother were in the NSP group. However, also in the NSP group was the woman with what appeared to be the most dysfunctional family. Her mother was an alcoholic, her first sexual experience was a rape by her stepfather, and she had moved out at the age of 15. Of the women in the SP group all except the woman raised primarily by her grandmother had what appeared to be severe problems with their mothers. Two described their homes as chaotic:

Crazy. Really crazy. My mom's house is so chaotic and people in and out visitin' all the time and we, me and my mom, we just didn't get along very well. We argued. I mean I didn't really give her a hard time or anything, you know; I always did my chores like I was supposed to, and [my boyfriend] always called me Cinderella 'cause I was always havin' to clean the house, and everybody else got to leave and [do] whatever they wanted.

Two of the women in the SP group and one of the women in the NSP group said that their first pregnancies were planned. Not surprisingly, their plan to become pregnant was related to their family situations:

The first one was [planned] by me to get out of the house.

I had just met [a new boyfriend] and things with my parents were still kind of wishy-washy, and really I remember at the time I used to think that if I had a baby then I'd at least have somebody that'd love me all the time.

When asked about events surrounding their pregnancies, three women mentioned life changes that occurred about the time they became pregnant. One was recovering from surgery after an automobile accident, and two had just moved to the area. Two of the women in the NSP group did not think they could get pregnant. One had been told she could not have children, and the other was using birth control pills.

Four of the women with one child said their pregnancy was the result of a significant relationship. Two of these women were still seeing the father of their child and felt positive about these relationships. Of those with multiple children, two women had children with the same man and two had children with different men. One woman married the father of her second child. The other woman, who had children by three different men, was living with the father of her last child. She said she cared about him, but was very clear that she did not want to be married. She attributed her pregnancies to carelessness.

When they found out they were pregnant, the women's emotions ranged from depressed to happy, depending on their life situation and whether or not they had planned the pregnancy. The first

person they told about their pregnancy was just as likely to be a best friend, the father of the baby, or their mother. Some were urged by boyfriends or parents to consider abortion or adoption. None seemed to consider those options seriously. Some of the women considered marriage an option and chose not to get married just because they were pregnant.

When asked the impact of pregnancies on their lives, women with one child were more likely to talk about how their child made them happy and was a positive influence on their life:

Life is happier with my son. He'll always be there.

If I'm upset, I'll give my son a hug.

One woman who had one child spoke only of negative impacts her child had on her life. She said that she had a lot of responsibility now, she felt older, and she had to quit school and learn patience. Two of the women with multiple children stressed that they were not able to do much:

You really can't do nothin'. You gotta spend almost 24 hours a day with them, especially when they're newborns...They can get on your nerves. It'll make you feel like you wanna go in a corner and just cry.

One woman said that she wanted to make her children's lives better, and another said that her children had no effect on her life and could not really think how her life would be different without them. This particular woman had a lot of family help with child care.

Respondents who spoke about the effect of their pregnancies

on their relationships with parents often said the birth of the baby had improved their relationship with their mother. The birth of the baby had somehow given them some common ground. One said her relationship with her boyfriend had improved. Although some of the women were making friends with other new mothers like themselves, many said they had lost contact with old friends. Seven of the women said they were now in a relationship with a man. Five of these felt the man had responded well to their children. One said she and her boyfriend had different ideas about discipline; he had less patience than she. Another said that her boyfriend was jealous of the time she spent with her baby.

Birth Control. All of those participating in the second interviews had used or were presently using birth control pills. One woman in the NSP group reported becoming pregnant while using the pill. Three women in the SP group reported discontinuing the use of the pill prior to pregnancies. One stopped using the pill to have a planned pregnancy, and the others stopped due to physical problems related to the pill. The woman with four children reported starting on the pill one week before discovering she was pregnant with one child, and missing a couple of doses of the pill resulting in another pregnancy.

The women were asked how often they worried about getting pregnant. Their answers ranged from not worrying about it to worrying about it "all the time". The woman who said she was worried about getting pregnant all the time had quit taking her

birth control pills because she had not started her period and had previously become pregnant while using the pill. There appeared to be little correlation between their contraceptive use and their worrying about getting pregnant. For example, one woman who already had three children and was using foam for birth control said she never worried about getting pregnant, while a woman who was sterilized said she occasionally worried about becoming pregnant.

Women participating in the second interview were asked about difficulties with birth control. The most frequent answer was that they had difficulty remembering to take their pills. They also said pills had messed up their periods. One woman's boyfriend did not want her to take the pill [he thought they made her moody], and others expressed concern about long term effects of using birth control pills.

Family Planning. Women participating in the second interviews who had one child said that prior to their pregnancy they had wanted 2 to 5 children. When asked their current plans, most still said 2 children. The woman who had said 5 children was now considering only having 3 children because of the responsibility. Two said it depended on their financial and marital situations. Of those with 2 or more children, their original idea had been to have none to 3 or 4 children. All but one had already had more children that she had planned to have. This finding may suggest that these women, in particular, have trouble with formulating and carrying out plans. Table 10

provides a listing of what the women said was the best and worst parts of being a mother.

Advice these women would give to teenage women was fairly consistent. They thought that teenagers should postpone engaging in sex, use birth control, and realize the responsibility of parenting a child. This comment was typical:

Wait for sex. You can wait. Big deal someone's gonna look at you strangely or say things about you; well, she's a virgin. Be proud to be a virgin. Now I mean...I didn't know nothin' about AIDS. Now I do. But there are diseases that you can get 'cause like they say you sleep with that person you really sleep with everybody that they slept with. And nobody, you know, I don't really care how old, you know, how smart they think they are--they're not ready to have a child. There's a lot of responsibility. It doesn't mean, you know, they're so cute and sweet and little and feedin' 'em --, just babysitting, there's a big difference between babysitting and taking care of a child 24 hours a day, 365 days a year. There's a big difference. A couple hours out of the evening or something is a big difference between all day long.

Two women would tell teens who had children to stay home with them and be patient and do what is best for their children. One woman advised getting pregnant with somebody who was going to help raise the child.

The women were asked why they thought young women get pregnant. The reason most frequently given was that young women are naive, don't understand what can happen, and are ignorant about birth control and sex. The second most frequently given answer was that they do it to escape--to get out of the house or a confining situation. Two suggested the reason was to hold on to a boyfriend. The following reasons were suggested by different women: carelessness, peer pressure, the desire not be a virgin, and having someone to love.

All the women were asked if they had a chance to change anything about their life, what would they change and why. Two of the women said they would not change anything. One of these women is single, employed, and has only one child. She has a very supportive family, is involved in a relationship with a man, but not particularly interested in getting married. The other woman has two children, and is married to the father of her second child. She plans to start school soon. Five said that they would not have gotten pregnant or would have postponed getting pregnant or having sex. Four wished they would have finished school or that school would have been easier. One wished for a more stable childhood and another for a better paying job and for her children to be older.

Differences Between the Two Groups. Due to the small number of women participating in the second interview, it is difficult to make any definitive statements about these findings or to generalize to other young women who experience rapid childbearing

or who have only one child. A review of their answers can serve to generate hypotheses about the differences between the two groups. Answers to the second interview questions reveal similarities and differences between them. Members of both groups had experienced difficulty using birth control in the past. However, some women in each group had planned pregnancies. All but one of the women in the subsequent pregnancy group had more children than she had originally planned to have. Women with only one child were more likely to speak in happy terms about their relationship with their child. The NSP group had two members who did not have troubled relationships with their mother, while all the women who had subsequent pregnancies did. Some women in each group talked about improved relationships with parents after they had had children. Two women in the SP group had children by different men.

There appeared to be differences between the groups based on the first interview questions regarding education, job plans, and plans for more children. All five of the women with one child were able to give a specific job goal. Four of them were either in college or had plans to go to college. These four had finished high school or obtained their GED. The fifth woman planned to go through a vocational training program. Three wanted to wait a significant length of time or until married and financially stable to have another child. The other two planned to get pregnant in 16 months or two years. In contrast, three of the four women who had subsequent pregnancies "didn't know"

what job they wanted in five years. These same three women had not finished high school or obtained their GED. The fourth woman had finished her GED and begun college, but said that every time she started something new she would become pregnant again so she quit trying.

The women who had subsequent pregnancies seemed to have and take less control of their own destinies. They did not have strong educational or vocational goals. In addition, most had already had more children than they had planned to have. In contrast, the women who had not had subsequent pregnancies seemed to have given more thought to their futures, made plans, and were actively pursuing their plans by finishing high school or their GED. Relationships with new men and beginning new educational programs or jobs appeared to be related to pregnancies with three of the women in the SP group.

Influence of Home Visitor on Subsequent Pregnancy. Women in the SP group were asked an additional set of questions: (1) What could the home visitor have done to help delay their subsequent pregnancies? (2) What did the home visitor say when they told her they were pregnant again? (3) Did the home visitor discuss with them the need to delay having subsequent children? None of the women thought the home visitor could have done anything additional to help them delay their subsequent pregnancies. One mentioned the expense of the pill, but she was one who had planned her second pregnancy. All said there had been some discussion about postponing subsequent pregnancies or at least a

heavy emphasis on birth control. One said, "Probably, I don't really remember. They were always bringin' over birth control things." Another said, "She was just tellin' me that I had my hands full and that I shouldn't have any more unless I was really, you know, ready for 'em."

All the women reported their home visitor registered a surprised or shocked reaction when they told her they were pregnant again. She also expressed concern for them and was ultimately considered to be supportive. At least one woman told of delaying telling the home visitor she was pregnant because of what she might think. The following comment is a typical description of the home visitor's response:

She said somethin' really funny, I don't remember.

"Are you sure you wanna do this" is what she said. And that was pretty quick after the other one, she said something about that, having them too close together. And she was worried about my health...She was very supportive all the time.

Influence of Home Visitor on Birth Control Use

Participants answers indicate the home visitor talked to them repeatedly about birth control. She asked them if they were practicing birth control, asked them if they were having problems, and encouraged them to think about the spacing of their children. She even called Planned Parenthood to make an appointment for one of the youngest participants who was afraid to. Her ability to influence subsequent pregnancy, however,

appeared to be mediated by participant attributes. Some participants seemed very determined to complete educational and vocational goals. Some felt strongly that they needed to be financially set, stable, and married prior to having another baby. Two women did not want to ever get married. Several women had real problems using birth control pills and were not reliable users of other contraceptive methods. Some young women seemed driven to have babies to fulfill a need:

Since my other daughter's growin' up too fast, I want another baby. I'm lonely. She don't get up like the little babies do at 2:00 or 3:00 in the morning.

Other participants seemed particularly at risk for another pregnancy when they began a new relationship and/or made a major life change. Still, some pregnancies were planned and were not necessarily problem pregnancies.

Support System

Since adequate social support for teen mothers is a necessary adjunct to any service component, we asked questions about the teen mothers' support system and the ways in which the home visitor might have had a positive impact on it. The answers regarding help with their baby's care fell on a continuum. Some young women listed several individuals who would help and some had little help. Twenty-two of the women said their parents or their grandparents (primarily female) helped, 14 said other relatives helped, 12 said the child's father helped, 8 said

their friends helped, and 3 said the home visitor helped. Eight said specifically that the child's father did not help with the child's care.

The extent to which the young mother feels supported by others is also determined by how the help is given. Those who felt good about the help given spoke about it enthusiastically: "All my relatives...all my relatives love her. They all want to bring her back with 'em." Some of the help was given begrudgingly. In answering whether or not a father helped one woman said, "Yes, sometimes. When he wants to. That's not too often though." Some helpers may expect a payback, "My mother helps me like if I ask her, and I usually have to do favors for her back." One woman clearly felt burdened with the care when she said, "More so it's me. I'm the one who really gets stuck with it." Combining the quantity and quality of help dimensions, at least four women seemed to have a lot of help with their children, while three seemed to have little help. The rest of the respondents either did not provide enough information to judge their level of social support or appeared to have a level of support between those who had a lot and those who had a little.

Although 12 of the women interviewed said they did not discuss their family with the home visitor, the rest were able to identify a way in which the home visitor had helped them in their relationship with family. The most frequent response (6) was that the home visitor had helped them in their relationship with

parents, most often with their mother. Participants often described their mom as someone "hard to get along with." The home visitor helped by being there to talk to about the bad situation, or by helping the participant build self-confidence so that she could deal with her parent on a more adult level. Improved familial communication, help with boyfriend problems, and information the teen could pass on to the family were also listed as home visitor services that aided the teen's relationships. The home visitor's sensitivity to the importance of parents as a source of support is evident in the following comment, "She told me that my parents are pretty important, and I need to have good trust in them and get along with them pretty good 'cause they're gonna have to help me."

Eight of the women said the home visitor helped them in their relationship with their child's father. Sometimes she helped the woman realize that she "didn't need him." Others said she helped them adjust to the relationship, control temper, and realize what the child's father was "going through." The home visitor gave advice to seek counseling and was considered supportive of some relationships.

A large majority (25) could not think of a way the home visitor could have been more helpful with their family or the child's father. Needs enumerated by the other three were a film night for the family so that fathers could learn more about child care and the mother's need for nutrition during pregnancy, and additional home visitor help with problematic male relationships.

View of the Program

When asked at the end of the interview if they had anything to add, almost everyone who had a comment spoke about how helpful the program had been to them, and many said that they felt the program was very important and should be continued. The participant's perception of "the program" encompassed other Health Department staff, and they had positive feelings about the Health Department in general. One young woman spoke about how much she disliked going to another human service agency and clearly felt her experiences there were contrasted by positive ones at the Health Department. Another young woman felt the services offered by the program met the needs of teen parents. She said:

"I think it's a very good program. It really helped me a lot. And even if the program itself were with different people...they just have their finger on everything you need to know. Everybody up there knows where to send you if you need help."

Summary and Discussion

This study examined the relationship between home visitors and teen parents. We examined the influence of the home visitor on the participants' educational and vocational goals, birth control use and family planning. We also explored young women's perception of their support system.

Perception of the Home Visitor and Services Provided

Many women were initially anxious about having a home visitor come to their house. Their initial feelings about meeting the home visitor seemed to depend on whether or not they had met her before or had had positive experiences with other human service agencies. Regardless of their initial feelings, program participants ultimately felt very positive about the home visitor and her visits. Many considered her a very good friend. Some of the terms used to describe her were "caring," "fun to be with," "understanding," "informative," "honest," and "respectful." In some ways their relationship was different than a friendship with someone their own age. They viewed her as more informative and they were more likely to confide in her and test her. She might also be described as a "helper." Occasionally they discussed home visitor traits they would find problematic. These traits included "nosiness," "bossiness," and "nitpicking."

Participants described home visitor services that can be labeled as teaching, active listening, support, and serving as a resource/advocate. These activities are consistent with those identified by other researchers as critical components of the home visiting approach:

The power of the visiting approach comes from the way that social support and practical assistance are used to engage the mother's attention, to give her a stake in the visit and in the relationship she develops with the home visitor. (Larner, Nagy, & Halpern, 1987, p. 5)

The participants' perceptions of the home visitor as a friend may be correlated with higher involvement in services by participants. Larner et al. (1987) found that participation in home visiting services was highest for participants whose home visitor felt she played the role of "friend." In addition, the participants' feelings that the home visitor helped them develop self-confidence suggests an important quality of the home visitor. According to Nickel and Delany (1985), the most successful staff working with teen parents are those who discover and build on the strengths of their clients.

The program processes of active listening, support, teaching, and serving as a resource or advocate appeared to impact differentially on the desired program outcomes of personal growth, improved parenting skills, postponing subsequent pregnancy, and progress towards educational and vocational goals. Figure 1 illustrates hypothesized linkages between program processes and program outcomes. The major program processes or services are listed along the left side. Different types of outcomes are listed across the top. Each cell is a description of how a particular process relates to a particular outcome. For example, active listening appears to relieve some stress and help the mother relax more as a parent. Active listening does not appear to have a direct effect on the participant's ability to postpone a subsequent pregnancy.

Participants' Level of Social Support

Participants in the study described different amounts of

Figure 1

Linkages Between Program Processes and Impacts

	Impacts			
	Personal Growth	Parenting	Postpone Subsequent Pregnancies	Progress Towards Educational/Vocational Goals
Active Listening	Allows participant to establish a relationship. Develop trust. Work through anger.	Relieves stress	---	---
Support/Encouragement	Promotes general self-confidence.	Promotes confidence in parenting skills.	Helps those who are "afraid" to go to Planned Parenthood- who have compliance problems.	Helps those who have the motivation, positive background, and environmental support.
Teaching	---	Many said information helped them do a better job.	Helps to alleviate improper use or delayed use of birth control for those who want to postpone subsequent pregnancy.	Aids those interested in pursuing education and vocational goals to learn about options and support available and broaden their choices.
Advocacy/Referral to other Services	Personal/marital counseling may aid personal growth.	Referrals to health and support services help ensure the child's basic needs are met.	Allows for them to obtain birth control and information on usage.	For those who are highly motivated, presents the opportunity to finish GED, pursue higher education, job training or get a job.

social support. Their support differed in the number of people available to help them and in the quality of the help they received. Some had relatives that were available to help with child care but would do so begrudgingly or would always expect a favor in return. Others had lots of family who they felt loved their child and were available to help. Still others felt isolated and had few if any people who could relieve them of the constant demands of taking care of their children or encourage them to pursue goals that might better their lives.

These findings are not surprising in light of other research on the social support systems of teen mothers (Panzarine, 1986; Unger & Wandersman, 1985). This is an important area to assess for each participant since research has suggested that greater perceived support is related to greater life satisfaction, fewer concerns about parenting, and better parenting skills (Unger & Wandersman, 1985). Barth and Schinke (1984) developed an inventory to assess social support that can be easily administered. The home visitor may be a significant source of support for these young women but participants also need to learn to develop and use natural support systems. Barth and Schinke found positive results with a didactic intervention that included negotiation and compromise strategies, and techniques for effectively requesting help, handling criticism and stress, and identifying natural helpers available to them.

Program Outcomes

The participants identified program outcomes they

experienced in the areas of personal growth, parenting, postponing subsequent pregnancy, and progress towards educational and vocational goals. The use of birth control, especially birth control pills, appeared to be problematic for many. Participants also perceived many barriers to the achievement of educational and vocational goals.

Repeated references to birth control problems suggest an ongoing need for the home visitor to initiate discussions about this topic. An encouraging finding is that young mothers did not find frank conversations about birth control objectionable. In fact, many seemed to welcome these discussions. This finding suggests that teen mothers may accept the use of an "authoritative guidance" approach for family planning as suggested by Dryfoos (1985).

It is important to note that birth control problems are not the only reason these young women get pregnant. Women who participated in the second interviews said they planned five pregnancies. The home visitor has suspected that some of the pregnancies participants attribute to birth control "failures" are actually planned. While all planned pregnancies are not inappropriate, many seem to be ill timed considering the mother's life situation. Instead of asking how the home visitor can impact on birth control use, the more important question may be: "What are the participant attitudes and characteristics that affect birth control use and how can the home visitor impact on those attitudes and characteristics."

In this study, the analysis revealed differential effects across outcomes depending on participant attitudes and characteristics brought to the home visitor relationship. While this hypothesis relates to the individuality of each participant, there appeared to be a certain cluster of characteristics that suggested someone would be likely or unlikely to experience personal growth, postpone a subsequent pregnancy, or make progress towards educational and vocational goals. Some of these characteristics are referred to in Figure 1. Figure 2 depicts these linkages between participant characteristics and program outcomes in more detail. Along the left side is a continuum from weak program impact to strong program impact. Along the top of the figure are three possible outcomes. Each cell describes a cluster of participant characteristics that appear to result in a strong or weak impact in regard to a particular outcome. For example, participants are more likely to experience and talk about increased self-confidence (personal growth) if upon entering service they described themselves as being very confused or devastated. Conversely, women who never described themselves in negative terms and appeared to be self-confident upon beginning services and who primarily viewed the home visitor as an information or referral source were less likely to describe the impact of the program in terms of their personal growth.

The finding that participants perceived barriers to the achievement of educational and vocational goals is not surprising considering the many roles they must balance. Evaluators of

Figure 2

Linkages Between Program Impact and Participant Characteristics

		Impacts		
		Personal Growth	Postpone Subsequent Pregnancy	Progress Towards Educational/Vocational Goals
Strength of Impact Weak Impact ←-----→ Strong Impact	Strong Impact	Participant is confused or devastated by pregnancy. Participant has little family support. She has been badly treated by father of her child.	Participant has long term goals to delay pregnancy until she is more stable, married, and financially set. Participant has not had strong side effects with pill.	Participant has had success with school and work in the past. Participant is ready psychologically to succeed in a job. Participant is willing to separate from her children.
	Weak Impact	Participant was self-confident initially. Has a lot of family support. Father of child is supportive. Participant sees H.V. primarily as an information source. Participant is a minority group member.	Participant has had real or imagined difficulties using birth control, a new relationship with a male, little desire for traditional family before another pregnancy and little hope for a better life.	Participant has had poor experiences in school. Lacks support from significant others for school or work. Sees little hope for a better life. Cannot resolve child care problems. Self or children have health problems. Does not want to separate from child.

Project Redirection, one of the most comprehensive programs for teen mothers, found that employment and job training were the services most often rated as needed by program participants (Polit, 1986). Project Redirection evaluators also found that a brokerage model for services did not always meet the needs of teen mothers (Quint & Riccio, 1985). In a brokerage model, needed services, such as vocational or educational services, are obtained from an existing community agency rather than from an agency specializing in serving the needs of teen parents.

Implications of Findings

Both the hypothesized relationships of individual differences to the strength of the program outcome and of different home visitor services to outcomes suggest the need for a systematic and comprehensive participant assessment. The assessment should include the participant's level of confidence at initiation of service, history of birth control use and/or problems, family planning goals, strength of family planning goals, previous educational performance, educational and vocational goals, strength of educational and vocational goals, history of health problems or children's health problems, child care resources, and the extent and quality of social support. This assessment would provide the home visitor with a profile of the participant's strengths and weaknesses.

As has been discussed, the development of a relationship with the participant is a necessary base in order for further home visitor services to have an impact. The home visitor's

listening skills, support and encouragement are crucial to the development of this relationship. The participant's individual profile developed from a systematic and comprehensive assessment, however, will help determine how much of the home visitor's efforts might need to be concentrated in her teaching, advocacy, and referral functions in relation to different desired outcomes. For example, a participant who has a strong family support system but can not identify any vocational goal requires a different mix of services than a mother who has strong educational and vocational goals, has actually finished high school, and finds herself with a meager social support system.

A useful orientation for home visitors is that family planning should be undertaken within the framework of long term life goals (Olds, Henderson, Tatelbaum, & Chamberlin, 1988; Quint & Riccio, 1985). Most participants will need help in clarifying these goals. The timing for the pursuit of the goals should be considered in light of what is practical and best for the women and their children. In addition, discussion of these goals with family and other significant others should be explored as a method of enlisting support for the participant in the pursuit of her goals.

Recommendations

After completing analysis of the first interview, the entire evaluation team met to discuss the results and formulate recommendations. The following recommendations are based on that

discussion and include recommendations made by the evaluator after further analyses of the data.

Selection and Training of Home Visitors

There were several implications for the selection and training of home visitors.

1. Active Listening. Home visitor use of active listening skills was very important to participants in this study. The presence of this skill should be assessed when selecting a home visitor. These skills could be enhanced by pre-service or in-service training in active listening and interviewing skills. The goal would be to help the home visitor learn how to be a good listener, not perform as a trained therapist. However, training should be provided in how to assess when problems require referral to a qualified therapist.

2. Communication Skills. Communication may be a problem depending on the background of the participants and the home visitor. Participants in this study were pleased that the home visitor "talked like me." Her ability to speak in a similar manner seemed to enhance the view of her as a friend and a helper. Selective self-disclosure also seemed to enhance this view. The home visitor reported that she had to really work initially at speaking in and understanding the teens' vernacular. New home visitors need to be made aware of the importance of these kinds of communication skills.

3. Knowledge of Adolescent Behavior. It is very important that home visitors understand adolescent development. Without

this knowledge, the home visitor may incorrectly interpret teens' behavior or damage the relationship. Examples of developmental behaviors evident in this study were a need for independence and confusion about life goals. The teens tested the home visitor. She was surprised to find out how much they liked the visits because they often acted like they were a "pain." They said things like she was "always there and you couldn't get rid of her no matter how hard you tried." They wanted the relationship with her, but did not necessarily want her to know how much they needed her. A new home visitor not expecting this kind of behavior might wrongly interpret these signals as a rejection of her help.

The home visitor was also surprised to learn that the participants felt like she really knew them. She would often leave their home feeling confused. During our discussion of the analysis, she realized that she did know them well. The confusion she felt regarding their goals reflected the confusion they felt.

4. Choosing the home visitor. The qualities of the home visitor described in this study are similar to those that have been suggested by others as important for home visitors (Halpern & Larner, 1987). It is important that programs continue to look for and choose home visitors who are sincerely interested in helping and will work with the teenager and respect her rights instead of trying to "tell her what to do."

Comprehensive Assessment and Life Goal Planning

1. Comprehensive Assessment. The development of a systematic and comprehensive assessment of the participant's strengths and weaknesses is recommended. The assessment should include the participant's level of confidence at initiation of service, history of birth control use and/or problems, family planning goals, strength of family planning goals, previous educational and vocational goals, history of health problems or children's health problems, child care resources, and the extent and quality of social support. The assessment should be one that is simple to complete and clinically oriented rather than psychometrically oriented. The purpose of the assessment is to develop a participant profile to use in determining the appropriate emphasis and mix of services based on the hypothesized relationships of program processes to program outcomes and individual characteristics to program outcomes.

2. Goal Setting. The ability to set life goals and work toward them seemed to be lacking in many of the participants. They planned to not have any more children and they got pregnant again. They had no idea what job they wanted in five years. We thought some training in goal setting would be appropriate for these young women. This goal setting could encompass several life areas including relationships with men, goals for their children, housing goals, and educational and vocational goals. One purpose of the training would be to help them understand how certain choices they make may affect their long term goals and

how they can maximize the possibility they will attain their goals. It might include didactic information by other teens about the limitations two or three children impose on the pursuit of goals as opposed to one child.

More Help With Education and Jobs

There appeared to be a need for stronger services to enhance educational and vocational success. Some needs were site specific, for example, the need for high school programs constructed for teen mothers. (Many communities already have these.)

1. Vocational exploration and evaluation services. Many of the teens had very limited views of vocational options. Most hoped to be working in jobs in five years that would be low-paying and offer little room for advancement. The teens would benefit from counseling services that expose them to a wide variety of vocational opportunities. Paired with this exploration of vocational options could be a vocational evaluation to assess each individual's aptitudes, skills, and her potential for various occupations. These services are probably available in most communities. Providers for teen mothers need to assess whether these existing services are easily accessible for pregnant and parenting teens. The home visitor may be able to perform some of these services herself. One example generated by the evaluation team was for the home visitor to administer a simple interest inventory to help broaden the teen's knowledge of vocational options.

2. An expanded view of child care needs. The need and availability of child care varies for each participant as it does in each community. For example, in our county there are only 8 subsidized slots for infants in child care centers. Participants told us that child care was a problem. We saw it as a problem when they described how difficult it was to study with two toddlers around. We need to be realistic about the demands and expectations that are placed on participants. How is a single mother of two who works full time going to have time to study for her GED? How is a mother who makes minimum wage going to be able to afford child care that she can feel good about? Even if they have the resources, some participants did not know how to evaluate child care services. They wondered if the Health Department could have a referral service.

3. GED Tutoring and Support Group. We discussed two ideas to provide additional help for those working on their GED. These ideas might also work for those with other educational goals. The first suggestion was a GED study group. This group could provide peer support and a study atmosphere. The home visitor noted that such a program should include transportation and child care services. Even with these services, the program might be difficult to implement due to the difficulty of getting the teens together at the same time. The other suggestion was to have available the services of a certified GED tutor who could work with individual teens.

4. Some Success!! Before leaving this section, we would

like to share some program modifications made as a result of this study that have already resulted in progress for two participants. After hearing in our discussions the need young mothers had for more help with vocational issues, the home visitor met and formulated a referral agreement with the local UPIC. Both sides discussed the special needs they had encountered while working with teen mothers in the past. The referral agreement streamlines and expedites the screening process for teen mothers. It identifies one staff member, the youth counselor, that teen mothers will deal with at UPIC. For her part, the home visitor has agreed to do outreach work during the first month of employment to help solve problems (like child care) that might interfere with successful employment. A newsletter describing these and GED services was mailed to each participant and is in the appendix.

Since the agreement, two teens referred to UPIC have already found full-time jobs and are working. Both jobs offer full benefits and room for advancement. The wage of one woman is unknown, but one is making \$6 per hour. This is an example of using an existing community service and working out a service agreement that addresses the specific needs of teen mothers.

Peer Involvement

Another idea that we felt held promise was that of peer help. The Ounce has used this approach with peer support groups. The use of participants to provide services in a home visiting program might also hold promise. As one young woman becomes

enabled and is able to achieve some goals, she could help to enable others.

Evaluation

One suggestion by the evaluation team was to modify the interview and give it to participants as a consumer satisfaction survey. These results could then provide feedback to service providers and aid them in local program development efforts.

In addition, we support the OPF's efforts to develop an information system that can provide local programs with outcome data to aid them in local program evaluation efforts. For example, readily accessible data on subsequent pregnancy rates, educational attainment, and employment status for this site and comparison data for the state would have enhanced this research effort. We would like to encourage a partnership with local providers in developing an information system and report formats that are responsive to local needs as well as the monitoring needs of The Ounce.

Table 1

Characteristics of Participants Interviewed
at Time of Interview

Characteristic	%	n
Age at Interview (year)		
15	3.6	1
16-17	7.1	2
18-19	39.3	11
20-21	32.1	9
22-23	14.3	4
24	3.6	1
Race		
American Indian	3.6	1
Black	10.7	3
White	85.7	24
Marital Status		
Single, Never Married	75.0	21
Married	21.4	6
Separated	3.6	1
Living Arrangements		
Participant's Mother	7.1	2
Participant's 2 Parents	7.1	2
Husband/Boyfriend	50.0	14
Husband/Boyfriend's Mother	14.3	4
Husband/Boyfriend's 2 Parents	7.1	2
Participant's Siblings--No Parents	3.6	1
Employer	3.6	1
On Own	7.1	2
Number of Children		
None (pregnant)	7.1	2
1	60.1	18
2	14.3	3
3	14.3	4
4	3.6	1

Table 1--Continued

Characteristics of Participants Interviewed
at Time of Interview

Annual Income	%	n
0-5,000	26.6	8
5,001-10,000	25.0	7
10,001-15,000	21.4	6
15,001-20,000	14.3	4
20,001-30,000	3.6	1
30,001-50,000	3.6	1
Unknown	3.6	1

Source of Income *	%	n
Participant's employment	36.0	10
Part. or boyfriend/spouse parents	21.4	6
Child's father	57.1	16
Part. boyfriend or spouse if not child's father	7.1	2
Social Security	7.1	2
AFDC	35.7	10
Medicaid	17.9	5
Food Stamps	28.6	8

*The percentages for source of income do not add up to 100% since participants often have more than one source of income.

Table 2
Length in Service (Months)

<u>Participants Still in Service</u>	<u>%</u>	<u>n</u>
0 -- 12 Months	35.7	10
13 -- 24 Months	25.0	7
25 -- 36 Months	3.6	1
Total	64.3	18
<u>Former Participants</u>	<u>%</u>	<u>n</u>
0 -- 12 Months	10.7	3
13 -- 24 Months	17.9	5
25 -- 36 Months	7.1	2
Total	35.7	10

Table 3

Most and Least Helpful Aspects of the Home Visit

<u>Most Helpful</u>	<u>n</u>
Home visitor's availability and being there to talk to	14
Helping me (participant) to care for the baby and baby's health	6
Birth control information	5
Enhanced confidence and self-understanding	5
Information during and about pregnancy	4
Referral and advocacy	3
Monitoring health during pregnancy	2
Tests of baby's development	1
WIC	1
Help with school	1

<u>Least Helpful</u>	<u>n</u>
Nothing/Don't know	20
Being weighed	3
Films	1
"Nitpicking" by a home visitor	1
Foods/diet	1
Exercising	1
Flyers and Pamphlets	1
GED and UPIC (because the participant felt she failed to follow through)	1

Table 4
Description of the Home Visitor

Descriptor	n
Nice, pleasant, warm, kind, sweet	13
Friendly, close friend, compatible	10
Helpful	8
Caring, concerned about you, thoughtful	5
Talkative, outgoing	4
We'd laugh, have a good time, easy going cheerful, fun loving	5
Understanding	5
Good listener	4
Honest, blunt, sincere	3
Knowledgeable, intelligent	3
Open, not one sided	2
Supportive	2
Respectful	2
Good personality	1
Loves children	1
Just herself	1
Devoted to her work	1
Likes to help	1
Likes her job	1
Fine character	1
Cool	1
Talks like me	1
Easy to talk to	1
Trustworthy	1

Table 5

What The Participants Would Do Differently If
They Were Home Visitors

(Each Suggestion Was Made By One Participant)

Try to convince the teenagers if they are not using it, to use birth control.

Bring out more literature.

Might encourage teen moms to be home visitors so that there would be teens visiting teens.

Like her to come once a month instead of every two months.

I'd leave that scale at home

I'd go somewhere else like a park, a quiet place, or a restaurant.

I'd be on time.

I'd take time out for myself since I worry about them being so close to the participants.

I'd look at other services the health department could offer. A suggestion was a 24 hour hotline because she knows lots of teenagers who are pregnant, have had abortions, or have put children up for adoption, and they are having some rough times.

I think they need more nurses and counselors so they will have more time especially when a participant is having a crisis. Then there will be someone to cover other visits if the home visitor is sick or tied up.

Table 6

Education Completed by Enrollment Status
at Time of Interview

Enrolled in Secondary or Post-secondary School

Education Completed	%	n
Grade 9	3.6	1
Grade 10	7.1	2
Grade 11	3.6	1
High School Graduate	0	0
Completed GED	3.6	1
Some College	0	0
Vocational Training	0	0
Total	17.9	5

Not Enrolled in School

Education Completed	%	n
Grade 9	7.1	2
Grade 10	21.4	6
Grade 11	10.7	3
High School Graduate	21.4	6
Completed GED	10.7	3
Some College	7.1	2
Vocational Training	3.6	1
Total	82.0	23

Table 7

School and Employment Status of Participants
at Time of Interview

Activity	%	n
School Only	14.3	4
Work Only	35.7	10
Both School and Work	3.6	1
Looking for Work	7.1	2
Neither School nor Work	39.3	11

Table 8

Age of First Sexual Activity and Fertility

Age of First Sexual Activity	%	n
13	7.1	2
14	21.4	6
15	17.9	5
16	26.6	8
17	10.7	3
18	10.7	3
Unknown	3.6	1
Number of Children at Entry	%	n
None	78.6	22
1	17.8	5
2	3.6	1
Repeat Births	%	n
None	64.3	18
1	17.9	5
2	3.6	1
Currently pregnant with first child	7.1	2
Currently pregnant with subsequent child	7.1	2

Table 9
Contraceptive Use by Number of Children at Interview

	Number of Children at Interview					
Contraceptive Use	0	1	2	3	4	Total
Birth Control Pills*						
n		14	2	1		17
%		50.0	7.1	3.6		60.7
Other Method						
n		1	1	1		3
%		3.6	3.6	3.6		10.7
Sterilization						
n				2	1	3
%				7.1	3.6	10.7
Currently Pregnant or Recovering from Childbirth						
n	2	2	1			5
%	7.1	7.1	3.6			17.9

*Three participants taking birth control pills said they were not sexually active.

Table 10

Best Part of Being a Mother

Pregnancy --loved it -- felt good all the time
Child calls me Mama and knows who I am
Everything
The Affection you get back
Playing with the baby and watching him sleep
Like teaching him things
Having a child to love and someone to depend on me.
My kids got beautiful smiles
Knowing that you taught them something and they learned and
responded to it.
Watching them grow up and learn new things.
Taking my kids out, fixing them up and combing their hair
and putting barrettes and ribbons and everything else.
You don't have to live under your own Mom's roof. You have
your own say so.

Most Difficult Part of Being a Mother

Being single and having no one to help you with baths and
putting him to bed.
Potty training
Colic for 4 months
Trying to get him to go to sleep when he doesn't want to go
to sleep.
Having to stay home and not being able to go out all the time.
The worrying about them getting sick, kidnapping, abuse, and
all that.
Two year old temper tantrums and sickness.
Getting them potty trained and off the bottle.
When Winter comes. it's cold. You can't really do anything.
You got to spend most of your time in the house, especially if
they're newborns.

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APPENDIX

Home Visiting Survey

Participant Name: _____

Interviewer: _____

Date of Interview: ____/____/____

Program Dates: Entry: ____/____/____

Reentry: ____/____/____ Exit ____/____/____

Introduce Self

I'm happy to have the chance to talk with you today about the home visits you've received from the McLean County Health Department. I'm particularly interested in your visits with _____ (and _____). The Health Department wants your opinion so that they can provide the best and most helpful services for moms and their children. There are no right or wrong answers. What you tell me will be confidential; I won't tell the staff at the health department what you, _____, tell me. They will see a summary report which will not mention anybody's name.

I will also be asking you some questions about yourself so that I can understand how the home visits have been helpful for you. If I ask you a question you do not want to answer, you do not have to answer it; just ask me to go on to the next question.

Is there anything you 'd like to ask me before we begin?

Participant ID _ _ _ _ _

Program Entry/Services Received

1. How did you first begin to have _____ visit your house?

2. When you first agreed to have _____ come to your house, what kind of person did you think would walk in?

3. Did anyone else from McLean County Health Department or another agency visit you in your home?
If Yes, who was it and why were they visiting?

4. What did you expect to happen when _____ came to see you?

5. Would you please describe to me what happened when
_____ came to see you.

: Probe For: :

What was talked about or learned
regarding:

Herself
Feelings
Health (Her's and child's)
Child
Subsequent pregnancy
Community
Employment
School
Self Sufficiency (Ability to take care of herself
and baby)

Did she give you anything? If yes,
what?

6. Of all the things that you and _____ talked about or did at your house, tell me the two that were the most helpful to you.

7. Of all the things that you and _____ talked about or did at your house, tell me the two that were the least helpful to you.

Perception of Home Visitor and Relationship

8. If you could choose anyone as a home visitor, what would that person be like?

: PROBE FOR: :

Age
Appearance
Parent?
Way they talk to you
From the neighborhood?
Someone like them (Peer)
Someone with college degree (professional)

For each descriptor ask why they want the home visitor to be as described.

9. Do you feel your home visitor really got to know you?

If no, what could _____ have done to get to know you better?

If yes, please explain.

10. Do you feel you are different since _____
visited you? Please explain.

: Probe For: :

As a person?
As a mother?
How and why or why not
What's changed in your life?

11. When you and _____ were together what role
did you think she played with you.

: Probe For: :

Teacher
Friend
Mother

12. What words would you use to describe _____?

13. What did you like most about _____'s visits?

14. What did you like most about _____ [insert home
visitor's name].

: PROBE IF NEEDED: :

What words would you use to describe your good feelings
about _____?

15. What did you like least about _____'s visits?

16. What did you like least about _____ [insert home visitor's name].

: PROBE IF NEEDED: :

What words would you use to describe your bad feelings about _____?

17. If you were a home visitor, like _____, what would you do differently?

Participant Life Goals

With these next questions, we ask about your plans for the future. We believe this information will help us help other teen mothers plan and carry out their plans for the future.

18. You told me that you are/are not in school now. Do you have any plans for more schooling in the next 5 years? Why or why not?

: If Yes: :

What are your plans?

GET SPECIFICS

+ Probe For::

Details - when
 where
 how

19. What effect did _____'s visits have on your schooling/educational plans?

: Probe For: :

What help did she provide?

20. Is there a way _____ could have helped you more with school?

21. What else (besides what _____ did) might have helped you with school?

22. You told me that you are/are not working now.

WORKING: What sort of work do you do?

About how many hours a week do you work?

About how long have you been at this job?

How do you feel about your job situation?

What is your hourly wage?

IF NOT WORKING: Do you have plans for work?

: Probes :

When
Where
How

23. What type of work do you see yourself doing in the next 5 years?

24. Has _____ helped you with your job or job plans?

25. What else could _____ have done to be more helpful with your job or job plans?

We're about half-way done with the interview now. Let's take a short break.

Birth Control/Fertility

Now we are going to talk a little bit about birth control. We want to understand about your experiences with birth control so that we can be most helpful to you and other teens.

26. When did you begin to be sexually active?

Age _____

27. Are you sexually active now with boys, girls, or both?

28. What are you doing (or, if pregnant, what do you plan to do) to prevent another pregnancy?

29. How does your boyfriend/husband feel about your using that kind of birth control?

30. Has _____ discussed birth control with you?

If no, what was the reason?

31. How did your discussions with _____ affect your use of birth control?

32. Was there anything you didn't like when _____
talked to you about birth control?
33. Was there any way _____ could have been more
helpful in talking to you about birth control?
34. Have you had another pregnancy since you began working
with _____?
35. Do you plan to have more children?

: Probes: :

How many?
When?
How did you make that decision?

Support System

Now I would like to ask you some questions about your family, or other people you know that help you out when you need help.

36. Tell me who helps you with your baby's care.

: Probe For::

Parents
Baby's Father
Other Relative
Friend
Other

37. Is there any way that _____ has helped you in your relationship with your family?

38. Is there any way that _____ has helped you in your relationship with your child's father?

39. What else could she have done to help with your family or the child's father?
40. Would you have liked to be more involved in deciding what you and _____ worked on during the visits?
41. Could _____ have done more to help you?
If yes, what?
42. What else besides _____ visits could have helped you during your pregnancy and (if applicable) as a parent?
43. Is there anything you'd like to add?
44. Is there anything you'd like to ask me?

Demographics

Now I need to ask you some questions about yourself.

45. Date of Birth: __/__/__

46. Present age: _____

47. Age at entry _____

48. Race:

__ American Indian

__ Black

__ White

__ Asian

__ Hispanic

__ Other

49. Marital Status:

__ Single

__ Married

__ Separated

__ Divorced

__ Widowed

50. Who lives in household?

Relationship

Number

Employed(Y/N)?

51. Total number of children delivered by Participant: _____

52. Children

___ # Now

___ # At Entry

Child 1	Age: ___ mos	Name: ___
Child 2	Age: ___ mos	Name: ___
Child 3	Age: ___ mos	Name: ___

53. School status:

___ Regular	___ Homebound	___ Not in school
___ College	___ Other	___ Alternate school for pg.
___ G.E.D.	___ Voc/Tech	
___ H.S. Grad/not in school		

54. Education completed: (circle one)

___ 8 ___ 9 ___ 10 ___ 11 HS Grad GED

Some College College Graduate Vocational Training

55. Employment Status:

not working part-time full-time

If working, hourly wage _____

56. What is your annual household income? Please count income that you yourself receive --do not include income from a roommate who does not contribute to your support.

___ 0-5,000	___ 20,000-30,000
___ 5,001-10,000	___ 30,001-50,000
___ 10,001-15,000	___ Over 50,000
___ 15,001-20,000	___ Don't know

57. Sources of income (check all that apply:

- | | |
|---|--|
| ☐ Employment | ☐ General Assit. |
| ☐ Parents (non AFDC) | ☐ AFDC child only |
| ☐ Child's father | ☐ AFDC Part. |
| ☐ Partic boy/girlfriend/ | ☐ AFDC Part. family |
| ☐ spouse if not child's | ☐ Other |
| ☐ father | |
| ☐ Social Security/ SSI | ☐ Don't know |

I ENJOYED TALKING TO YOU.
THANK YOU FOR YOUR TIME.

Please use the following space to record interviewers comments.
How did the interviewee react to the interview? If there were
problems, what were they? Poorly worded questions? Poor
rapport? Questions considered too personal?

SUBSEQUENT PREGNANCY(S) INTERVIEW

Introduction to the interview- Do you have any questions?

Let's begin with a few questions about your experiences with being pregnant.

You have _____ children, right?
number

1. Have you been pregnant other times besides with _____.
child known to P.T.S.

Probe for:

How old were you?

Allow participant to tell you when, outcomes, including any abortions or adoptions.

2. Were these planned pregnancies or unplanned?

(If no to question 1, was this a planned or unplanned pregnancy?)

3. What have you done to protect yourself from becoming pregnant?

What did you use?

When?

Any problems?

Probe for reasons for changing methods if appropriate; include her feelings if possible.

4. Tell me a little about the kinds of things that were going on in your life when you got pregnant (again)?

Look for major life events and/or any changes in major life goals during this time.

Why do you think you got pregnant?

5. Who did you talk to when you found out you were pregnant? Your partner, parents, a friend?

(For each pregnancy)

6. What were their responses?

7. What messages had you received from your partners or family about sex while you were growing up?

8. What was your first sexual experience like?

Probe for:

- feelings
- how did it happen
- relationship with partner

9. How did you feel about yourself when you found out?

10. What did you consider as you made the decision about what to do about the pregnancy?

Probe for:

- pros & cons about having a second, third, etc. child (if appropriate).
- to carry, abort, or adopt.
- being a single parent or getting married.
- what keep you from getting pregnant again besides using some type of birth control method?

11. How would you describe the relationship you have (had) with your child's father?

Probe for:

- Is the relationship stable, long-standing?, or "an accident."
- Do the children have different fathers?

12. How has this (these) pregnancies/children affected you life?

Encourage discussion/disclosure of feelings, impact on relationships, goals, stress management.

13. How have the relationships with your partner, parents, friends, other children changed since your (second, etc.) pregnancy?

14. Are you in a relationship now with a person? If yes, how has s/he responded to your children?

Break- Let's do some different fun things now. These are fun kinda questions.

15. If you had a chance to give advice to teenage women, what would you tell them?

16. Why do you think you young women get pregnant?

17. If you had a chance to change anything about you life, what would it be? Why?

Alternative question if this one is difficult, If you had a magic wand and had three wishes, what would you change in your life and what would you wish for?

18. Before you got pregnant the 1st time, how many children did you think you wanted to have?

19. Has that changed now. Why?

Break

Give some encouragement about how the participant is helping us with her cooperation and how her experiences of being a mother is helping others.

20. How would you describe your family prior to becoming pregnant the first time?

Now?

How many are in your family?

How old was your mother when she had her first baby?

21. What has been the best part of being a mother?

the most difficult?

22. Were you receiving any services other than those provided by _____ when you got pregnant?
(Home visitor)

Did you get involved with the Health Department when you got pregnant the 1st time?

23. Do you think _____ (H.V.) could have done anything different to help you delay your (2nd/3rd etc.) pregnancy(s)?

24. Fill in this sentence.

When I told _____ (H.V.) that I was pregnant again, she _____.

Probe for feelings.

25. Did _____ (H.V.) discuss whether or not you should delay having more children prior to becoming pregnant?

Probe for:

How did you feel about these discussions?

26. What could/can _____ (H.V.) do to help you, your child, children? What kind of assistance do you need?

27. What kinds of things are hard for you?

28. What kinds of things do you worry about?

Probe for:

- How much time in a month do you spend worrying about becoming pregnant?

29. What is difficult for you about using birth control?

Probe for:

methods

money

feeling ok about using it

reaction of partner(s)

communication difficulties

30. How can the Health Department help you with this?

Is there anything else you would like to tell us about your experiences?

Notes

from the TEEN Parent Program

McLean County Health Department
905 N. Main
Normal, IL 61761 Tel. 888-5450

November 14, 1988

It's time again to start thinking about the cold weather as well as plans for the new year. Here is some helpful information about energy assistance, job training and placement programs, and GED classes. Start NOW to make your plans for the winter of 1989--you'll be glad you did!

GET HELP WITH YOUR HEAT BILLS!

Mark DECEMBER 1st on your calendar--it's the first day you can apply to get a one-time credit toward your winter heating bill. (Those who have had utilities shut off, are elderly, or are disabled, should apply right away and not wait until December 1, 1988.) Call Midcentral Community Action, 829-0691, to make a screening appointment for IHEAP, the Illinois Home Energy Assistance Program. You will need to take along proof of gross household income for the past 30 days; social security cards of all household members; some proof of ID, such as a driver's license; and your current heat and electric bills. The income guidelines are:

Family Size	Past 30-day Gross Income
1	\$ 601
2	805
3	1009
4	1214
5	1418
6	1622

Families that live in subsidized housing (such as Sunnyside or Orlando-Northbrook Estates), and do not pay their own heat bill, do NOT qualify. However, other families who pay full rent which includes heating ARE eligible. For more information, or to make an appointment, call Community Action; money is available on a "first-come, first-served basis."

If you don't qualify for IHEAP, but still need help with your utility bills, contact Community Action or the Salvation Army (gas bills only), 829-9476, to see if you can get help through another program.

UPIC? WHAT'S THAT?

UPIC stands for the United Private Industry Council, and can help you find a job or get more education or job training. Sometimes UPIC can even help pay for childcare!

If you can get in touch with Sandy at UPIC before Christmas, there is a very good chance you will be able to have a job or be in a training program by 1989--and that's not very far away. If you are age 17 to 21, and not in high school, you can call Sandy at 827-4026 for more information; please tell her that you got her name from the Teen Parent Program at McLean County Health Department. (Persons over age 21 will need to go through UPIC's regular screening process and will not qualify for the special youth programs described here.)

I talked with Sandy recently about what UPIC has to offer young parents, and it sounded exciting. UPIC has a program called Job Success; you can get tips on finding full-time work, and help in preparing a resume, while working part-time at a UPIC job. Or you might choose to enroll in a college program while working part-time; in many cases, UPIC can help with tuition or childcare expenses.

Want to find out more? Call Sandy NOW--she needs to talk with you soon about your particular situation and needs. You'll find her very easy to talk with, and interested in how she can help you.

*** Most UPIC programs are based on financial eligibility.

*** If you are on Public Aid now, you will not lose your medical card or some other benefits for several months, even if UPIC gets you a job.

WHAT ABOUT MY GED?

If you don't have your high school diploma and are not in school now, you might want to start thinking about GED classes. They run for eight weeks at a time, are free, and are open to any parent or pregnant woman age 17 or older. The next classes begin in January--a good month to start something new for yourself! Call the GED office at 828-3309 for more information or to register for classes.

Happy
Holidays!

Judy Zahn
Teen Parent
Program
Home Visitor